



# Access Alliance

Multicultural Health and Community Services

## Client Experience Survey 2019

We want to know what you think about our programs and services and how we can make them better. Please complete this survey if you have used our programs and services at least one time before today.

Please read the following before you begin:

- We gather information from you for improving the quality of our programs and services.
- The survey is voluntary. The information you provide will be anonymous and kept confidential.
- The survey usually takes 10-15 minutes to complete.
- Ask a volunteer if you need help with the survey.
- Your desire not to participate will **NOT** affect your access to our programs and services.

Thank you for your participation!

Do you agree to proceed?

- Yes       No (Thank you very much.)

**Questions about Access Alliance Programs and Services**

**1. How long have you been using Access Alliance programs and services? (E.g. months or years)**

\_\_\_\_\_

**2. Which services or programs offered by Access Alliance have you used? *Select all that apply.***

<input type="checkbox"/> Primary care services (e.g., seeing a doctor, nurse practitioner, or nurse)	<input type="checkbox"/> Youth programs
<input type="checkbox"/> Dietician programs/services	<input type="checkbox"/> Child and Family programs
<input type="checkbox"/> Social worker/counselling services	<input type="checkbox"/> Scarborough Cycles
<input type="checkbox"/> Settlement services	<input type="checkbox"/> LGBTQ+ programs
<input type="checkbox"/> Peer Outreach services (including PIPA)	<input type="checkbox"/> Senior programs
<input type="checkbox"/> Green Access/ Enviro-Leaders Academy	<input type="checkbox"/> Other programs or services not mentioned (please specify): _____

**3. How did you hear about programs and services of Access Alliance?**

<input type="checkbox"/> Family/ friend	<input type="checkbox"/> Website
<input type="checkbox"/> Peer Outreach Worker	<input type="checkbox"/> E-mail alerts
<input type="checkbox"/> School Health Clinic	<input type="checkbox"/> Flyers
<input type="checkbox"/> Community Dining Program	<input type="checkbox"/> Monthly Calendar
<input type="checkbox"/> Social media (e.g., Facebook, twitter)	<input type="checkbox"/> Other (Please specify): _____

**4. Which of our locations do you visit most often? *Check one only.***

- AccessPoint on Danforth     AccessPoint on Jane     340 College St     91 Barrington Ave

**5. Is this location easy for you to get to?**                       Yes                       No

**6. Do the hours of service at this location meet your needs?**                       Yes                       No

6a. If **NO**, what is the best time for you to come for programs/services or appointments?

\_\_\_\_\_

**7. In your overall experience, are you able to adequately access our services?**

- Strongly Disagree                       Disagree                       Neither disagree nor agree                       Agree                       Strongly agree

7a. If you disagree, please provide your suggestions as to how we can improve accessibility at Access Alliance Services?

**8. Have you used any of our primary care services over the last year or so (e.g. Doctors, Nurse Practitioner)?**

Yes

No

If **YES**, please think about your experiences with our primary care services OVER THE LAST YEAR OR SO when answering question #9 and #10.

If **NO**, please go directly to question #11.

9. The last time you were sick or were concerned you had a health problem....		
<b>a.</b>	Did you get an appointment on the date you wanted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	How many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?	<input type="checkbox"/> Same Day <input type="checkbox"/> Next Day <input type="checkbox"/> 2-19 Days (enter # of days: _____) <input type="checkbox"/> 20 or more days <input type="checkbox"/> Not applicable (don't know/ refused)

10. When you see your doctor or nurse practitioner, how often do they or someone else in the office...?					
	Never	Rarely	Sometimes	Often	Always
a. Give you an opportunity to ask questions about recommended treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Involve you as much as you want to be in decisions about your care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spend enough time with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Please read each statement below and select the one response that best shows your opinion:**

	Never	Rarely	Sometimes	Often	Always
a. How often can you get an appointment when you need one? <i>If you attend any program where an appointment is not required, you can answer 'always'.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often are you able to get services in a language of your choice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do the programs and services offered by Access Alliance meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often do the staff members explain things in a way that is easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often do the staff help you connect to the services and programs you need at Access Alliance or in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often do you find the staff easy to talk to and encourage you to ask questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Please read each statement below and select one answer that tells us how you feel:**

	Strongly disagree	Disagree	Neither disagree Nor agree	Agree	Strongly Agree
a. Staff members treat me with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The programs and services respect my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The programs and services respect my spiritual or religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I trust staff to keep my personal information confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I know how to make a suggestion or complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The programs and services have helped me improve my health and well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Access Alliance has a positive impact on my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g i. Please explain how the programs and services of Access Alliance have positively impacted your community:					

**13. I always feel comfortable and welcome at Access Alliance: Yes  No**

**13a.** If **No**, Please tell us the reason(s) that you do not always feel comfortable or welcome at our centre:

**14. Overall, how would you rate the care and services you received at Access Alliance?**

Poor       Fair       Good       Very Good       Excellent

**15. Would you recommend our services to your family or friends? Check ONE only.**

Definitely no       Probably no       Probably yes       Definitely yes

**16. Do you have any suggestions for how we can make our programs and services better for you?**

- 
- 
- 

**17. What new or additional programs and services would you suggest Access Alliance to offer?**

- - 
  -
-

**Questions about You**

**18. What was your year of birth?** \_\_\_\_\_

**19. What is your gender? Check ONE only**

- Female                       Intersex                       Male  
 Trans-Female to Male     Trans-Male to Female     Two-Spirit  
 Other, Please Specify: \_\_\_\_\_  Prefer Not to Answer             Do not know

**20. What is your sexual orientation?**

- Bisexual                       Gay                       Heterosexual (“Straight”)  
 Lesbian                       Queer                       Two-Spirit  
 Other, please specify: \_\_\_\_\_  Prefer Not to Answer             Do not know

**21. Were you born in Canada?**

- Yes             No             Prefer not to answer             Do not know

**21a. If no, what YEAR did you arrive in Canada?** \_\_\_\_\_

**22. What language would you feel most comfortable speaking in with your healthcare provider? Check ONE only.**

- |   |   |                                     |                                  |                                    |  |
|---|---|-------------------------------------|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Amharic                | <input type="checkbox"/> Dari (Old Persian) | <input type="checkbox"/> Hungarian  | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Tagalog   | <input type="checkbox"/> Urdu                  |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> English            | <input type="checkbox"/> Italian    | <input type="checkbox"/> Russian | <input type="checkbox"/> Tamil     | <input type="checkbox"/> Vietnamese            |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Farsi (Persian)    | <input type="checkbox"/> Karen/Sgaw | <input type="checkbox"/> Serbian | <input type="checkbox"/> Tigrinya  | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Bengali                | <input type="checkbox"/> French             | <input type="checkbox"/> Korean     | <input type="checkbox"/> Slovak  | <input type="checkbox"/> Turkish   |  |
| <input type="checkbox"/> Chinese (Cantonese)    | <input type="checkbox"/> Greek              | <input type="checkbox"/> Nepali     | <input type="checkbox"/> Somali  | <input type="checkbox"/> Twi       |  |
| <input type="checkbox"/> Chinese (Mandarin)     | <input type="checkbox"/> Hindi              | <input type="checkbox"/> Polish     | <input type="checkbox"/> Spanish | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> Czech                  |   | <input type="checkbox"/> Portuguese |                                  |                                    | <input type="checkbox"/> Do not know           |

**23. What was your total annual family income before taxes last year? Check ONE only.**

- |   |   |
|---|---|
| <input type="checkbox"/> \$0 to \$14,999      | <input type="checkbox"/> \$35,000 to \$39,999 |
| <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$40,000 to \$59,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$60,000 or over     |
| <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$30,000 to \$34,999 | <input type="checkbox"/> Do not know          |

**24. How many people (including you) does this income support?** \_\_\_\_\_ Person(s)

- Prefer not to answer             Do not know

**25. Which of the following best describes your racial or ethnic group? Check ONE only.**

- |   |   |
|---|---|
| <input type="checkbox"/> Asian - East (e.g., Chinese, Japanese, Korean)             | <input type="checkbox"/> Inuit  |
| <input type="checkbox"/> Asian - South (e.g. Indian, Pakistani, Sri Lankan)         | <input type="checkbox"/> Latin American (e.g., Argentinean, Chilean, Salvadoran)        |
| <input type="checkbox"/> Asian - South East (e.g., Malaysian, Filipino, Vietnamese) | <input type="checkbox"/> Metis  |
| <input type="checkbox"/> Black - African (e.g., Ghanaian, Kenyan, Somali)           | <input type="checkbox"/> Middle Eastern (e.g., Egyptian, Iranian, Lebanese)             |
| <input type="checkbox"/> Black - Caribbean (e.g. Barbadian, Jamaican)               | <input type="checkbox"/> White - European (E.g., English, Italian, Portuguese, Russian) |
| <input type="checkbox"/> Black - North American (e.g., Canadian, American)          | <input type="checkbox"/> White - North American (e.g., Canadian, American)              |
| <input type="checkbox"/> First Nations  | <input type="checkbox"/> Mixed heritage, Please specify:<br>_____                       |
| <input type="checkbox"/> Indian - Caribbean (e.g., Guyanese with origins in India)  | <input type="checkbox"/> Other(s), Please specify:<br>_____                             |
| <input type="checkbox"/> Indigenous/Aboriginal                                      | <input type="checkbox"/> Prefer not to answer   |
|   | <input type="checkbox"/> Do not know  |

**26. What is your highest level of education? Check ONE only.**

- Less than a high school diploma
- High school diploma/equivalent
- College certificate or diploma, trade, vocational or technical school, CEGEP
- University (including a professional or graduate) degree
- PhD or equivalent
- Other (please specify): \_\_\_\_\_  Prefer not to answer  Do not know

**27. What is your current immigration status? Check ONE only.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Canadian Citizen   | <input type="checkbox"/> Permanent Resident            | <input type="checkbox"/> Refugee Claimant |
| <input type="checkbox"/> Currently Applying for Humanitarian and Compassionate process            | <input type="checkbox"/> Live-In Caregiver             |   |
| <input type="checkbox"/> Temporary Foreign Worker Program or Seasonal Agricultural Worker Program |  |   |
| <input type="checkbox"/> Non-Status   | <input type="checkbox"/> Other (please specify): _____ |   |
| <input type="checkbox"/> Prefer Not to Answer   | <input type="checkbox"/> Do not know                   |   |

Thank you for your participation!